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000500 HM12/0716  
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S. Sheridan

(Depositor's name)

*S. Sheridan*  
(Signature)

10/16/01  
(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/439,313	11/12/99	005	ZHOU, S	1631 07/16/01
First Named Applicant	DILLON, XU, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR THERAPY AND DIAGNOSIS OF PROSTATE CANCER

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
0 210121.427C9	530-350.000	J13	UTILITY	NO	\$1240.00	10/16/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Corixa Corporation  
(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Seattle, WA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

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Issue Fee  
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

10/16/01

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10/16/2001 HTECKLU2 00000064 09439313

01 FC:142  
02 FC:581

1280.00 UP  
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